U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U · /3697

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing. Name Barry O Mitchell A Name, file number, and address of labor organization. Name I.B.E.W. Local 48 Labor Organization File Number 033-435 P.O. Box, Bidg., Room No., If any Street 15145 5W 88th Ave City Tigard State Oregon ZIP Code +4 97224 State Oregon ZIP Code +4 97224 State Oregon ZIP Code +4 97224 State Oregon ZIP Code +4 97230-4958 5. Position in labor organization. Business Manager/Financial Secretar Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of mondainy value from an employer whose employees your organization represents or is actively seeking to represent. A. Nature of Interest, Transaction, or Income. Trade Name, if any: P.O. Box, Bidg., Room No., if any Street Signature 15. Signature and verification. The undersigned declars, under penalty of Penjury and other applicable penalties of the law, that all of the Information submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Data Telephono Number		<u></u>		
Labor Organization File Number 033-435	3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
P.O. Box, Bidg., Room No., If any Street 15145 SW 88th Ave City Tigard City Portland State Oregon ZIP Code + 4 97224 State Oregon ZIP Code + 4 97230 - 4958 5. Position in labor organization. Business Manager/Financial Secretar Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions sat forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other exconamic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned & Manager Penalty of Perjury and other applicable penalties in the instructions.) Signed On 08/15/2005 503.632.7723	Name Barry O Mitchell	Name I.B.E.W. Local 48		
Street 15937 NE Airport Way City Tigard City Portland State Oregon ZIP Code + 4 97224 State Oregon ZIP Code + 4 97224 State Oregon ZIP Code + 4 97230 - 4958 5. Position in labor organization. Business Manager/Pinancial Secretar Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit or is actively setting to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 T.b. Amount. 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information on baller of the undersigned send ballef, true, correct, and complete. (See the section on penalties in the instructions.) On 08/15/2005 503.632.7723		Labor Organization File Number 033-435		
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Date Telephone Number	Signed Bary Mitalib	On 08/15/2005 503.632.7723		
		Date Telephone Number		

Name of Person Filing Barry Mitchell	Person Filing Barry Mitchell		
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	s	
8. Name and address of Business (including trade name, if any). Name I.B.E.W. Local 48 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15937 NE Airport Way City Portland State Oregon ZIP Code + 4 97230-4958	9. Business deals with: a. Labor Organization b. Trust C. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	na.	
Name National Electrical Contractors Assn Trade Name, if any: Columbia Pacific Chapter	Labor representati	ve for collective bargaining h NECA is the employer	
P.O. Box, Bldg., Room No., if any			
Street 601 NE Everett	11.b. Approximate dollar value of such dealing. \$ 12.a. Nature of interest held or income received.		
City Portland			
State Oregon ZIP Code + 4 97232	Gift of steaks \$53.00		
İ	12.b. Amount.	\$53	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	200	
Name			
	NAME AND ADDRESS OF THE PROPERTY OF THE PROPER	iyedh e 1900 girar	
P.O. Box, Bldg., Room No., if any			
Street		建接收的设施 化阿克雷克拉耳	
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

U.o. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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1. File Number U -	2. Fiscal Year Covered From:		
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Name and address of person filing.	Temporari Internation Superintensis Temporari Superintensis Superintensi		
	Name, file number, and address of labor organization.		
Name Barry 0 Mitchell	Name I.B.E.W. Local 48		
	Labor Organization File Number 033-435		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 15145 SW 88th Ave	Street 15937 NE Airport Way		
City Tigard	City Portland		
State Oregon ZIP Code + 4 97224	State Oregon ZIP Code + 4 97230-4958		
5. Position in labor organization. Business Manager/Financial Se	Gretar		
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Name Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City City			
City State ZIP Code + 4			
Van cases contract memore or manufacture or manufac			
State ZIP Code + 4	ature Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the		
State ZIP Code + 4 Signa 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	ature Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing Barry Mitchell	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name I.B.E.W. Local 48 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15937 NE Airport Way City Portland	9. Business deals with: a. Labor Organization b. Trust c. Employer		
State Oregon ZIP Code + 4 97230-4958 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Harrison Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1220 SW Morrison Suite 300 City Portland State Oregon ZIP Code + 4 97205-2222	11.a. Nature of such dealing. Serve as trustee who is responsible for directing the administrators on the financial matters of the trust and policy decisions affecting the participants of the trust. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Reimbursed parking fees \$23.00 Intl Foundation Conference Registration \$885.00 Intl Foundation Conference Hotel \$350.00 SunRiver 2004 Annual Meeting-Lodging \$395.00		
	12.b. Amount. \$1,653		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street			
City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

U.S. epartment of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

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1. File Number U	2. Fiscal Year Covered From:		
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Name and address of person filing.	Name, file number, and address of labor organization.		
Name Barry 0 Mitchell	Name I.B.E.W. Local 48		
	Labor Organization File Number 033-435		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 15145 SW 88th Ave	Street 15937 NE Airport Way		
City Tigard	City Portland		
State Oregon ZIP Code + 4 97224	State Oregon ZIP Code + 4 97230-4958		
5. Position in labor organization. Trustee for BLMCC			
Enter appropriate data below if, during the past fiscal year, you or your spou	se or minor child directly or indirectly had any of the following interests		
	sions set forth in the instructions):		
 A. Held an interest in, engaged in transactions (including loans) with, or d monetary value from an employer whose employees your organization. 	erived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
	g in the desired the contract of the contract		
City			
City State ZIP Code + 4			
Secretarian material content information and the secretarian content information and the secretarian content information and the secretarian content information and the secretarial content information and the secretarian content information and the secretarian and t	ture		
State ZIP Code + 4	Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the		
State ZIP Code + 4 Signa 15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompany).	Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the		

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8. Name and address of Business (including trade name, if any). Name I.B.E.W. Local 48 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street I5937 NE Airport Way City Portland State Oregon ZIP Code + 4 97230-4958	9. Business deals with: a. Labor Organiza b. Trust c. Employer 11.a. Nature of such deali			
Name Barnes Labor Management Cooperative Committe Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1220 SW Morrison Suite 300	Serve as trustee withe administrators	no is responsible for directing on the financial matters of the ecisions affecting the		
	11.b. Approximate dollar value of such dealing. \$33			
City Portland State Oregon ZIP Code + 4 97205-2222	12.a. Nature of interest held or income received. Sun River 2004 Annual Meeting-Lodging \$395			
State Oregon ZIP Code + 4 97205-2222				
	12.b. Amount.	\$395		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above)	\$395		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	r parts A and B above)	\$395		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	\$395		
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	Labor Organization File Number 033-435		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 15145 SW 88th Ave	Street 15937 NE Airport Way		
City Tigard	City Portland		
State Oregon ZIP Code + 4 97224	State Oregon ZIP Code + 4 97230-4958		
5. Position in labor organization. Trustee for Edison Pension			
A. Held an interest in, engaged in transactions (including loans) with, or d monetary value from an employer whose employees your organizatio Name and address of Employer (including trade name, if any).	erived income or other economic benefit of n represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organizatio	n represents or is actively seeking to represent.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street (1991-1991-1991-1991-1991-1991-1991-199			
City Additional Control of the Contr			
State ZIP Code + 4			
Signa	ture		
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Signed Ball All All Della Signed	On 08/15/2005 503-256-4846		
V VVVV III V V V V V V V V V V V V V V	On [08/15/2005] 503-256-4848 Telephone Number		

Name of Person Filing Barry Mitchell	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from the	wise dealing with the business yely seeking to represent, or lirectly to, or otherwise		
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City Portland State Oregon ZIP Code + 4 97230-4958			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Edison Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any	Serve as trustee who is responsible for directing the administrators on the financial matters of the trust and policy decisions affecting the participants of the trust.		
Street PO Box 4148	11.b. Approximate dollar value of such dealing. \$2,568		
City Portland	12.a. Nature of interest held or income received.		
State Oregon ZIP Code + 4 97208	Lodging/Meals SunRiver \$668. Intl Foundation Registration & Deposit \$1900.		
	12.b. Amount. \$2,568		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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Street City ZIP Code + 4			
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	Labor Organization File Number 033-435			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 15145 SW 88th Ave	Street 15937 NE Airport Way			
City Tigard	City Portland			
State Oregon ZIP Code + 4 97224	State Oregon ZIP Code + 4 97230-4958			
5. Position in labor organization. Trustee: NECA/IBEW Training Tr	ust			
Enter appropriate data below If, during the past fiscal year, you or your spotence (except as specified in the exclusion A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City				
State ZIP Code + 4				
Sign	ature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second	ing documents), has been examined by the signatory and is, to the best of the			
Signed Day Mutatub	On 08/15/2005 503-256-4848			
	Date Telephone Number			

Name of Person Filing Barry Mitchell	Fil	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name I.B.E.W. Local 48 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15937/NE Airport Way City Portland State Oregon ZIP Code +4 97230-4958	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name NECA IBEW Electrical Training Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 16021 NE Airport Way	Serve as trustee who is responsible for dir the administrators on the financial matters trust and policy decisions affecting the participants of the trust.		ers of the	
Oueet 2002 and 122 post of the	11.b. Approximate dollar value of	f such dealing.	\$1,419	
City Portland State Oregon ZIP Code + 4 97230	12.a. Nature of interest held or income received. Lodging/Meals Sun River \$738. Holiday Gift of Leather binder \$100. NJATC Regional Conference Registration \$150. NJATC Regional Conference Hotel \$194. NJATC Regional Conference Airfare \$237.		\$150. \$154.	
	12.b. Amount.	Translation in the contract of	\$1,419	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any). Name			The state of the s	
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	grande de d		